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CONFIRMATION NO. 6113

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<b>SERIAL NUMBER</b> 10/753,871	<b>FILING OR 371(c) DATE</b> 01/09/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 8118.003.USDV	
<b>APPLICANTS</b> Jenny E. Freeman, Chestnut Hill, MA; Charles R. Lambert, Melbourne, FL; Michael I. Hopmeier, Mary Esther, FL;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/389,342 09/02/1999 PAT 6,741,884 which claims benefit of 60/098,957 09/03/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/21/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 72	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 28694					
<b>TITLE</b> Infrared endoscopic balloon probes					
<b>FILING FEE RECEIVED</b> 1090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		